

Hazardous Waste (HW) Service Request Form

Installation

Building Number:

Unit Name:

Date of Request:

**Requester's
Name:**

**Requester's
Telephone:**

**Requester's
E-mail Address:**

*Please complete this form in its entirety when requesting empty HW containers or when requesting a HW pick-up. **Specify whether the HW is expired, unused or used. For empty HW container requests, specify in the Additional Information field reason for request (i.e. replacement, new waste stream).** When complete, click the Submit Form button below or E-mail the form to: MCBPAC.MCBBUTLER.OPE@usmc.mil.*

	Type of Request	Description of HW	HM Barcode/NSN	Quantity	Type of Container(s)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Additional Information:

Hazardous Waste (HW) Service Request Form

Instructions for Completing this Form

Installation: Select your Installation. If you select “Other,” please specify a location within the Additional Information field.

Building Number: Provide the building number where the HW is currently being accumulated.

Unit Name: Provide the full name for the unit.

Date of Request: Select the date when this form is filled out.

Requester’s Name: Provide the full name for the requester. The requester should be either the Primary or Alternate Hazardous Waste Accumulation Point Manager or an individual knowledgeable with the HW being turned in.

Requester’s Telephone Number: Provide a telephone number or a cell phone number for the requester.

Requester’s E-mail Address: Provide a valid E-mail address for the requester.

Type of Request: Select the type of request.

Description of HW: Provide the nomenclature, waste stream name, or a detailed description of the HW. Specify whether the HW is expired, unused or used. For empty HW container requests, specify in the Additional Information filed the reason for request (i.e. replacement drum, new waste stream).

HM Barcode/NSN: Provide either the Hazardous Material (HM) barcode or the NSN for the item, if available.

Quantity: Provide the quantity to include units (i.e. each, bag, bucket, drum).

Type of Container(s): Select the type of container. If you select “Other,” please specify in the Additional Information field.

Please complete this form in its entirety when requesting empty HW containers or when requesting a HW pick-up. Specify whether the HW is expired, unused or used. For empty HW container requests, specify in the Additional Information field reason for request (i.e. replacement, new waste stream). When complete, click the Submit Form button below or E-mail the form to: MCBPAC.MCBBUTLER.OPE@usmc.mil.

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